

Guestroom Reservation Form

SRMS-5 Conference July 29-August 2, 2006

Please return this completed form to The Drake Hotel by fax (312) 787-2549 or via mail to: The Drake Hotel, 140 E. Walton Place, Chicago, IL. 60611 USA.

Requests received after June 30, 2006 will be confirmed subject to availability. For revisions or cancellations, please contact our reservations department and obtain a cancellation number at 312-787-2200.

- All reservations must be guaranteed with a deposit of one night room and tax (total of \$201.95), or with a major credit number and signature.
- Reservations subject to a 72-hour cancellation policy

Name	Phone_			
Address				
City	State	Zip		
Please guarantee my rese	ervations by (Check one):	Arrival		
		Date	Time	
Guaranteed first nigh	nt's deposit, check or money			
order enclosed.		Check-in time is at 3:00PM Accommodations requested prior to this time cannot be confirmed.		
Guaranteed by my cr	redit card: American Express,			
Diners Club, Carte Blanc	the, Master Card, Visa	Departure	<u> </u>	
		Date	Time	
Card Type		Check-out time i	s at 12:00PM, Noon	
Credit Card Number		·	ommodations desired: July 29-August 2, 2006	
Credit Card Ivallioci		-	*Standard Single- \$175 per night+15.4%	
Expiration Date:		tax	\$175 per mgm+15.470	
Expiration Date:		*Double-\$175per night+ 15.4% tax		
**Signature:		1	-	
-		Smoking	Non-Smoking	

^{*}One double in one room will be a queen size. Rooms with two beds are over-sized twin beds. Smoking Preference is based on availability.

^{**} A signature is required to confirm your reservation request. The Drake Hotel will not make your reservation without a signature.